

**FAMILY MEDICAL**

**Purpose:** Four family medical programs are addressed in the category.

Two programs are for children only:

- Federally funded Medicaid categorically needy (CN) and medically needy (MN)
- State funded Children's Health Program

Two programs are for adults with children:

- TANF-related Medicaid
- State funded State Family Assistance (SFA)

**WAC 388-505-0210 Children's medical eligibility.**

- (1) A child under the age of one is eligible for categorically needy (CN) medical assistance when:
  - (a) The child's mother was eligible for and receiving coverage under a medical assistance program at the time of the child's birth; and
  - (b) The child remains with the mother and resides in the state.
- (2) Children under the age of nineteen are eligible for CN medical assistance when they meet the requirements for:
  - (a) Citizenship or U.S. national status as described in WAC 388-424-0010 (1) or (2); and
  - (b) State residence as described in chapter 388-468 WAC;
  - (c) A Social security number as described in chapter 388-476 WAC; and
  - (d) Family income levels described in WAC 388-478-0075 (1) (c).
- (3) Upon implementation of the children's health insurance program (CHIP) as described in chapter 388-542 WAC, children under the age of nineteen are

eligible for CHIP when:

- (a) They meet the requirements of subsection (2) (a) and (b) of this section;
  - (b) They do not have other creditable health insurance coverage; and
  - (c) Family income exceeds two hundred percent of the federal poverty level (FPL), but does not exceed two hundred fifty FPL as described in WAC 388-478-0075 (1) (c) and (d).
- (4) Children under the age of nineteen who first physically entered the U.S. after August 21, 1996 are eligible for state-funded CN scope of care when they meet the:
- (a) Eligibility requirements in subsection (2) (b), (c), and (d) of this section; and
  - (b) Qualified alien requirements for lawful permanent residents, parolees, conditional entrants, or domestic violence victims as described in WAC 388-424-0005 (3) (a), (c), (f), or (l).
- (5) Children under the age of twenty-one are eligible for CN medical assistance when they:
- (a) Meet citizenship or immigrant status, state residence, and social security number requirements as described in subsection (2)(a), (b), and (c) of this section;
  - (b) Meet income levels described in WAC 388-478-0075 when income is counted according to WAC 388-408-0055(1)(c); and
  - (c) Meet one of the following criteria:
    - (i) Reside in a medical hospital, intermediate care facility for mentally retarded (ICF/MR), or nursing facility for more than thirty days;
    - (ii) Reside in a psychiatric or chemical dependency facility;

- (iii) Are in foster care; or
  - (iv) Receive subsidized adoption services.
- (6) Children are eligible for CN medical assistance if they:
  - (a) Receive Supplemental Security Income (SSI) payments based upon their own disability; or
  - (b) Received SSI payments for August 1996, and except for the passage of amendments to federal disability definitions, would be eligible for SSI payments.
- (7) Children under the age of nineteen are eligible for Medically Needy (MN) medical assistance when they:
  - (a) Meet citizenship or immigrant status, state residence, and social security number requirements as described in subsection (2)(a) (b), and (c); and
  - (b) Have income at or above the income levels described in WAC 388-478-0075 (1) (c).
- (8) A child is eligible for SSI-related MN when the child:
  - (a) Meets the conditions in subsection (6)(a) and (b);
  - (b) Meets the blind and/or disability criteria of the federal SSI program; and
  - (c) Has family income above the level described in WAC 388-478-0070(1).
- (9) Nonimmigrant children, including visitors or students from another country and undocumented children, under the age of eighteen are eligible for the state-funded children's health program, if:
  - (a) The department determines the child ineligible for any CN or MN scope of care medical program;
  - (b) The meet family income levels described in WAC 388-478-0075 (1)(a); and

- (c) They meet state residency requirements as described in chapter 388-468 WAC..
- (10) There are no resource standards for the children's CN or the state-funded CN scope of care, or the children's health programs.
- (11) Children may also be eligible for:
  - (a) Temporary assistance for needy families (TANF) or state family assistance (SFA)-related medical as described in WAC 388-505-0220; and
  - (b) TANF/SFA-related medical extensions as described in WAC 388-523-0100.
- (12) Except for a client described in subsection (4)(c) and (d), an inmate of a public institution, as defined in WAC 388-500-0005, is not eligible for CN or MN medical coverage.

### CLARIFYING INFORMATION

1. **NewBorn Medical:** This medical coverage ends when:

- a. The newborn no longer lives with the mother;
- b. The child moves out of state or
- c. At the end of the month of the first birthday.

2. **Institutional residence for WAC 388-505-0210 (3):**

Children who are treated in a psychiatric facility for more than 90 days come under special eligibility and income procedures. Inpatient treatment must be approved in advance by the Mental Health Division's Regional Support Networks (RSNs). For the income provisions, see **INCOME**.

**Note:** The only inpatient psychiatric facilities in Washington State which accept children for 90 days or more are: Child Study and Treatment Center, Martin Center Psychiatric Unit, McGraw Center, Pearl Street Center and Tamarack Center.

3. **Living arrangements for other children's programs:**

Children (minors) may be living with relatives, non-relatives or on their own.

4. **Resources:** There are no resource limits for any of the children's programs described in WAC 388-505-0210.

5. **Basic Health Plan (BHP) and BHP PLUS**

- a. BHP is designed to provide affordable health insurance to any Washington resident, and is administered by the Washington State Health Care Authority (HCA). As long as any portion of the monthly premium is paid by the client, this is treated as Third Party Liability.
- b. When a family enrolled in BHP, or applying for BHP, requests BHP Plus for their child, the child's coverage is through CN medical assistance.
- c. BHP Plus is CN medical for the children of BHP members. The medical coverage group is F06. It is called BHP Plus because since the children actually receiving CN medical they get more coverage than regular BHP members do. The process of authorizing CN medical to BHP children is intended to appear seamless and transparent to the BHP family.
- d. The entire BHP premium for the child is paid by DSHS and there are no co-payments or deductibles for the child. The BHP premium for the family often is reduced as a result of the child's eligibility for BHP PLUS.
- e. Medical Eligibility Determination Services (MEDS) staff determine the eligibility for children in BHP PLUS.

**6. Medical Eligibility Determination Services (MEDS):**

- a. MEDS determines eligibility for any of the children's medical programs (CN, MN, Children's Health program and SSI). MEDS also determines eligibility for pregnant women's programs for BHP members.
- b. When an application for any children's medical program is received in the CSO and no other active AUs exist in the CSO, the application can be forwarded to the MEDS office for processing. Once processed, MEDS provides the maintenance on these cases.
- c. Maintenance of a BHP Plus AU is the responsibility of MEDS. However, when CSOs open other types of assistance which include the BHP Plus AU member(s) it may result in a "case" being shared between MEDS and CSOs. Coordination between MEDS and the CSOs is very important for shared cases. (See Worker Responsibilities)
- d. Listed contact numbers for MEDS:

Contact MEDS at: MEDS  
PO Box 45531  
Mail Stop 45531  
Olympia, Washington 98504-5531

General Information: 1-800-204-6429

FAX: (360) 586-2042  
TTY: 1-800-204-6430

**WORKER RESPONSIBILITIES**

1. **Program priorities for children:** - Eligibility for programs needs to be considered in the following order:
  - a. Categorically needy coverage;
  - b. Medically needy coverage;
  - c. Children's Health Program; and

- d. Medically Indigent. See **EMERGENCY ASSISTANCE**
- 2. **Age:** It is important to ensure that eligibility runs through the end of the month of the appropriate birthday, by program (i.e., the eighteenth, nineteenth or twenty-first birthday).

When a client applies in the same month when they turn the age limit of the specific program, they can still be approved even though they have already had their birthday.

**Example** The client turns nineteen on March 15 and applies for medical assistance on March 20. If the client meets all other eligibility factors for children's CN medical assistance, the application can be authorized for the entire month of March. (Even up to three month retroactive, if the client had medical needs during that time period.)

3. **Social Security Number (SSN):**

- a. Except for Newborn CN medical coverage, an SSN or verified application for SSN is required for CN or MN coverage;
- b. If a parent does not follow through with the SSN requirements for a child who would otherwise be eligible for CN coverage, the worker should:
  - (1) Request an Exception to Rule; and
  - (2) Open CN coverage immediately. Do not wait for the response to the Exception request to open the CN.

4. **Children Who are Aliens:**

- a. Although the Children's Health program is state funded, it provides full scope coverage (parallel to CN). This is the only program that many alien children are eligible for.
- b. If a child who is an alien is ineligible for Children's Health, due to income or age, the worker should determine eligibility for Alien Emergency Medical program. See **EMERGENCY ASSISTANCE**

**5. Inpatient:**

- a. Children in hospitals or nursing homes:
  - (1) More than 30 days have achieved institutional status.
  - (2) Once institutional status has been achieved, only the income actually contributed by their parents is used to determine income levels. See **INCOME**.
- b. Children in qualifying inpatient psychiatric care (see clarifying information):
  - (1) If treatment is less than 90 days use the parent's income to determine eligibility.
  - (2) If treatment is expected to last more than 90 days, only use the income actually contributed to the child by the parents to determine eligibility.

**6. Coordination of Shared Cases Between CSOs and MEDS**

- a. CSO and MEDS staff must coordinate actions taken on shared cases.
- b. Before taking action on an open case, the CSO staff needs to examine the ACES "MISC" screen to determine if there is a BHP Plus AU in the household. They are identified by a BHP Plus indicator in the upper left section of the ACES screen.
- c. MEDS staff are authorized to take the following actions on shared BHP Plus AUs without prior contact with the CSOs:
  - (1) Eligibility redetermination for the BHP Plus AU
  - (2) Termination of medical benefits for the BHP Plus AU
- d. When MEDS staff take one of the above actions, ACES generates an alert to the CSO.



- e. Any other actions taken on a BHP Plus shared case require prior contact between MEDS and the CSO staff. For example, an address change impacts both the BHP Plus AU and the other AU(s). The CSO staff will usually take the action, but MEDS can do it, if the CSO concurs.
- f. CSO staff will not terminate the BHP Plus AU without prior consultation with and agreement from the MEDS staff.

**WAC 388-505-0220 Family medical eligibility.**

- (1) A person is eligible for categorically needy (CN) medical coverage when they are:
  - (a) Receiving temporary assistance for needy families (TANF) cash benefits; or
  - (b) Receiving cash diversion assistance described in chapter 388-222 WAC; or
  - (c) Eligible for TANF but chooses not to receive cash benefits; or
  - (d) Not eligible for or receiving TANF cash assistance, but meets the eligibility criteria for aid to families with dependent children (AFDC) that were in effect on July 16, 1996 except:
    - (i) Earned income is treated as described in WAC 388-450-0210; and
    - (ii) Resources are treated as described in WAC 388-470-0005 for applicants and 388-470-0050 for recipients.
- (2) A person is eligible for CN medical coverage when they are not eligible for or receiving cash benefits solely for one of the following reasons:
  - (a) Received sixty months of TANF cash benefits or is a member of an assistance unit which has received sixty months of TANF cash benefits; or
  - (b) Failed to meet the school attendance requirement in chapter 388-400

	WAC; or
(c)	Is an unmarried minor parent not in a department-approved living situation; or
(d)	Is a parent or caretaker relative who fails to notify the department within five days of the date the child leaves the home and the child's absence will exceed ninety days; or
(e)	Is a fleeing felon or fleeing to avoid prosecution for a felony charge, or a probation and parole violator; or
(f)	Was convicted of a drug related felony; or
(g)	Was convicted of receiving benefits unlawfully; or
(h)	Was convicted of misrepresenting residence to obtain assistance in two or more states; or
(i)	Has gross earnings exceeding the TANF gross income level; or
(j)	Does not meet work quarter requirements; or
(k)	Does not meet the unemployment requirement; or
(l)	Is not cooperating with WorkFirst requirements.
(3)	A person is eligible for SFA medical when:
(a)	Eligible for or receiving SFA cash benefits; or
(b)	Receiving SFA cash diversion assistance described in chapter 388-222 WAC; or
(c)	Is not eligible for or receiving SFA solely due to factors described in subsection (2) of this section; or
(d)	Meets the criteria of (1)(d) of this section.

**CLARIFYING INFORMATION****1. Adults:**

The only medical programs available to adults with minor children are: TANF-CN medical coverage, SFA medical coverage, SSI-Related CN and MN medical, and Medically Indigent (MI) coverage. TANF related MN is not available for adults. See **ADULT MEDICAL** and **PREGNANCY**.

**2. Aliens:**

- a. Children's Health and SFA-medical have priority for this group, since these programs have coverage parallel to full-scope CN coverage.
- b. Eligibility for the Alien Emergency Medical program should be considered only if the person is ineligible for TANF or SFA related medical.
- c. SFA related medical clients are not enrolled in Healthy Options.

**WORKER RESPONSIBILITIES****3. For persons eligible for TANF/SFA cash diversion:**

- a. Open on TANF and or SFA medical with a twelve month certification .period; and
- b. Inform clients to report changes.

**4. Use cash TANF/SFA requirements for medical programs;**

- a. Resources; and
- b. Income determination with the exception:
  - (1) Actual dependent care;
  - (2) Budget income prospectively. See **INCOME**.

**ACES PROCEDURES**

There are no specific ACES procedures for this category. The appropriate procedures are covered in other categories.